

IN THE SUPERIOR COURT OF WASHINGTON
FOR THE COUNTY OF KING

In the Guardianship of:)	Case No.:
)	
)	PERIODIC PERSONAL CARE PLAN
)	RCW 11.92.043
_____)	
An Incapacitated Person)	(PCP)

1. The [] Full [] Limited Guardian of the Person respectfully submits the following Personal Care Plan:

2. **Custody and Residence of Incapacitated Person.** The Incapacitated Person was born on _____ and is now _____ years of age. He/She presently resides at _____ (*name and address of facility or home*). The Guardian believes that he/she is receiving satisfactory care, and should continue to reside there.

3. **Description of Services or Programs Incapacitated Person Receives.** The Incapacitated Person receives the following services or programs:

4. **Physical and Medical Status and Need of Incapacitated Person.** The physical and medical status and needs of the Incapacitated Person are as follows:

5. Mental and Emotional Status of Incapacitated Person. The mental and emotional status of the Incapacitated Person is as follows:

6. Description of Functional Abilities of the Incapacitated Person. The following is a description of the Incapacitated Person's abilities to perform and/or assist in the activities of daily living. _____

7. Guardian's Specific Plan for Meeting the Identified and Emerging Personal Care Needs of the Incapacitated Person. The Guardian's specific plan for meeting the identified and emerging personal care needs of the Incapacitated Person is as follows:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED at _____, Washington this _____ day of _____, 200____ .

Signature of Guardian

Printed Name of Guardian, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address